USE TYPEWRITER OR BALL POINT PEN-PRESS FIRMLY, PRINT CLEARLY.

WATER WELL RECORD
KSA 82a-1201-1215

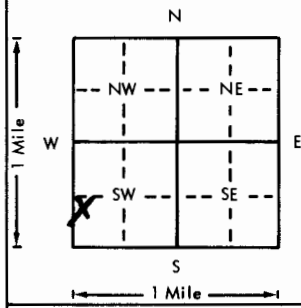
Kansas Department of Health and Environment-Division of Environment
(Water well Contractors)
Topeka, Kansas 66620

1. Location of well: County: Sedgwick | Fraction: NW 1/4 SW 1/4 SW 1/4 | Section number: 12 | Township number: T 28 S | Range number: R 1 E W

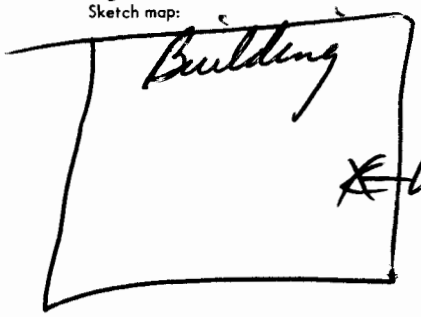
2. Distance and direction from nearest town or city:
Street address of well location if in city: 3628 So West St. Wichita.

3. Owner of well: C.K.G. Urban Renewal.
R.R. or street: 1225 no west St.
City, state, zip code: Wichita Ks 67203

4. Locate with "X" in section below:



Sketch map:



6. Bore hole dia. 11 in. Completion date 3/30/78
Well depth 47 ft.

7. __ Cable tool X Rotary __ Driven __ Dug
__ Hollow rod __ Jetted __ Bored __ Reverse rotary

8. Use: X Domestic __ Public supply __ Industry
__ Irrigation __ Air conditioning __ Stock
__ Lawn __ Oil field water __ Other

9. Casing: Material Steel Weight: Above or below
Threaded ___ Welded X Surface 12 in
RMP ___ PVC ___ Weight 1.60 lbs./ft.
Dia. 5 in. to 47 ft. depth Wall Thickness: inches or
Dia. ___ in. to ___ ft. depth gage No. 200

5. Type and color of material	From	To
Top Soil.	0	4
red clay	4	7
fine sand.	7	28
red clay	28	30
medium gravel.	30	47

(Use a second sheet if needed)

10. Screen: Manufacturer's name Sunflower
Type 200 Dia. 5 in.
Slot/gauze 146 Length 5 ft.
Set between 42 ft. and 47 ft.
___ ft. and ___ ft.
Gravel pack? Yes Size range of material 36

11. Static water level: mo./day/yr.
9 ft. below land surface Date 3/30/78

12. Pumping level below land surfaces:
14 ft. after 2 hrs. pumping 20 g.p.m.
___ ft. after ___ hrs. pumping ___ g.p.m.
Estimated maximum yield 35 g.p.m.

13. Water sample submitted: mo./day/yr.
___ Yes X No Date ___

14. Well head completion:
___ Pitless adapter 12 Inches above grade

15. Well grouted? Yes
With: ___ Neat cement ___ Bentonite X Concrete
Depth: From 0 ft. to 15 ft.

16. Nearest source of possible contamination:
ft. 200 Direction No. Type yard
Well disinfected upon completion? X Yes ___ No

17. Pump: X Not installed
Manufacturer's name ___
Model number ___ HP ___ Volts ___
Length of drop pipe ___ ft. capacity ___ g.p.m.
Type:
___ Submersible ___ Turbine
___ Jet ___ Reciprocating
___ Centrifugal ___ Other

18. Elevation:
Topography:
___ Hill
___ Slope
X Upland
___ Valley

19. Remarks: Customer to furnish 4x4x4 slab around casing as per State Regulations
Signed X [signature]

20. Water well contractor's certification:
This well was drilled under my jurisdiction and this report is true to the best of my knowledge and belief.
Business name [signature] License No. 318
Address [signature]
Signed [signature] Authorized representative Date 3/30/78

Forward the white, blue and pink copies to the Department of Health and Environment

Form WWC-5

MI-1023

28 S R 1 E W Sec 12 1/4 1/4 1/4 NW SW SW